

Attorney's Docket 098501-0305998

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
PHILIPPE BOUCHARD ET AL.

Confirmation No: 7252

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MAR 14 2006

Application No.: 10/661,780

Group Art Unit: 1614

Filed: September 15, 2003

Examiner: C. Delacroix-Muirhei

Title: LHRH-ANTAGONISTS IN THE TREATMENT OF FERTILITY DISORDERS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8

I hereby certify that the following papers, consisting of eleven pages including this cover sheet, are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

Amendment/Response Transmittal
Fee Transmittal
Response Pursuant to 37 CFR 1.111
Terminal Disclaimer

PILLSBURY WINTHROP SHAW PITTMAN LLP



THOMAS A. CAWLEY, JR., PH.D.
Reg. No. 40944

Date: March 14, 2006
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(Certification of Facsimile Transmission--page 1)

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AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	17	- 21	= 0 x	\$ 50.00	= \$ 0.00
INDEP.	2	- 3	= 0 x	\$ 200.00	= \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$	360.00	= \$ 0.00
TOTAL ADDITIONAL CLAIM FEE					\$ 0.00
GRAND TOTAL					\$ 0.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Date: March 14, 2006

PILLSBURY WINTHROP SHAW PITTMAN LLP THOMAS A. CAWLEY, JR., PH.D.
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McLean, VA 22102
703 770.7944

PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 130

Complete if Known

Application Number 10/661,780
 Filing Date September 15, 2003
 First Named Inventor PHILIPPE BOUCHARD
 Examiner Name C. Delacroix-Muirhei
 Art Unit 1614
 Attorney Docket No. 098501-0305998

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account

Deposit Account

033975

Deposit Account Name: PILLSBURY WINTHROP SHAW
PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fees(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = Extra Claims Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = Extra Claims Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50= Number of each additional 50 or fraction thereof x Fee (\$)

250.00

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, 130 fee (no small entity discount)

Other: Terminal Disclaimer Fee

Fee Paid (\$)

130.00

SUBMITTED BY

Signature

Thomas A. Cawley, Jr., Ph.D.

Registration No.
(Attorney/Agent)

40944

Telephone 703770.7944

Name (Print/Type)

Date March 14, 2006

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.